

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF GEORGIA
SAVANNAH DIVISION**

CAGER A. MALEEAAH,)	
)	
Plaintiff,)	
)	
v.)	CIVIL ACTION
)	FILE NO. 418-096-WTM-JEG
DR. DERONDA BROWN, JUANITA)	
GREEN, HELEN TYLER, TONYE)	
ANDERSON, HANNA DORCE (f/k/a)	
P.A. DARCY) AND DEBORAH)	
IVEY-TERRY,)	
Defendants.		

Affidavit of Deronda Brown, M.D.

STATE OF GEORGIA
COUNTY OF CHATHAM

1.

I am a medical doctor licensed by the State of Georgia since 2001. I attended Morehouse School of Medicine, earning my medical degree in 1997. I completed my residency in family practice medicine in 2001.

2.

As of July 2016, I began working as a primary care physician at Coastal State Prison in Garden City, Georgia.

3.

On November 3, 2016, I treated inmate Cager Maleeah for routine complaints of numbness and tingling in his left third toe, as well as pain related to a prior amputation of his fourth toe on his left foot. The medical encounter form is attached to this Affidavit as Exhibit "A."

Exhibit 4

4.

I performed an examination of Mr. Maleeah, which included looking at his left foot. His vital signs were within acceptable limits. I examined the scar on his left foot. He did not have any swelling, redness or warmth in his left foot. Mr. Maleeah had full range of motion to his left third toe.

5.

After discussion with Mr. Maleeah and review of his prior medical records, and based on my expert medical knowledge, I concluded that Mr. Maleeah was suffering from phantom limb pain and slight paresthesia to his left third toe. Phantom limb pain is when the nerve endings at the site of the amputation continue to send pain signals to the brain to make the brain think the limb is still there.

6.

I appropriately prescribed two medications for Mr. Maleeah's condition. I prescribed Neurontin which is a drug used to treat neuropathic pain. I also prescribed ibuprofen for pain and as an anti-inflammatory. I attempted to educate Mr. Maleeah about phantom limb pain and to explain it was a permanent condition.

7.

Mr. Maleeah's requested treatment to have his foot or other toe amputated was not, and is not, an acceptable medical treatment for phantom limb pain.

8.

Reasonable treatment for Mr. Maleeah's phantom limb pain was to prescribe Neurontin and ibuprofen. In my medical opinion, Mr. Maleeah did not require further medical intervention for his complaints beyond the medicines I prescribed.

9.

At the time that I saw Mr. Maleeah, he was not in any immediate or acute distress. His complaints of nerve pain did not present any serious threat to his future health.

10.

Based on my education, training and experience in medical practice, as well as my knowledge of Mr. Maleeah's medical treatment, I can say to reasonable degree

of medical certainty that Mr. Maleeah did not suffer any negative effects or harm to his health as a result of my treatment on November 3, 2016.

FURTHER AFFIANT SAYETH NOT.

This the 29th day of August, 2019.


DERONDA BROWN, M.D.

Sworn to and subscribed before
me this 29th day of August, 2019.


Notary Public

My Commission Expires:



GEORGIA DEPARTMENT OF CORRECTIONS

Name: Malee AH CAGER

MD, NP, PA Medical Encounter Form

EF or S/S No.: 8951Facility Coastal SP Date: 11/3/16 Time: 843Date of Birth: 1/63 Race W Sex M

S: Patient states, with respect to his condition:

Type of Encounter: ☒ Routine ☐ Urgent/EmergentPain in left footHPI: Patient c/o numbness & tingling to 3rd toe, painful to ambulate. Edema, started ~1 week p surgery for removal of 4th toe & fasciectomy.

Other Medical/CIC Conditions:

Medications: Neurontin 800mg tid, Motrin 600mg tid, Norvasc 10mg qdO: BP: 153/97 HR: 70 RR: 20 T: 97.8 Today's Wt 216 Previous Wt 211 on 10/14/16 (date)Peak Flow Measurement: _____ mL Pulse Ox: _____ % (• Room air • O₂ @ _____ Liters) Finger stick glucose _____ mg/dLPE Findings: Cen: WDMN, NADLeft foot: about 4th toe to scar to dorsum of foot
3rd toe: Edema, erythema, lymphoma on wound

Recent Lab/Diag. Test Results:

A: Paresthesia to (L) 3rd toe p amputation of 4th toe & phantom painP: Diagnostic Measures: (Ordered lab tests, CXR, EKG, Consults, etc.) None

Therapeutic Measures: (Ordered meds or • \$, treatments, etc.)

Continue current dose of Neurontin

Patient Education: (Advise given re: clinical / lab findings, follow up, additional / alternative treatments, etc.)

Discussed patient that he will have phantom pain & paresthesias from the extensive surgery that he had, we'll continue to NeurontinFollow Up: • Yes • ☒ No If yes, in _____ Days Wks Mnts (circle) Appt. Date: ____/____/____ • Refer to _____ CIC Clinic

• Problem List reviewed and updated as clinically indicated

D. D. C. M. M.
Signature and CredentialMD NP / PA
(circle)

Exhibit A